STAFF USE ONLY	PERMIT NUMBER – STR :	VALID THROUGH:



PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT SHORT TERM RENTAL PERMIT INITIAL APPLICATION

Questions? <u>www.coloradosprings.gov/STR</u>

51 1111 145					
OLYMPIC CITY USA	AL (20 DAVO OD LEGG) ADDI ICATION DEGLIDEMENTO.				
SHURI IERWIRENIA	AL (30 DAYS OR LESS) APPLICATION REQUIREMENTS:				
This application and all r	required associated documents shall be submitted via email to				
• • •	adosprings.go. This application must be completed in full and accompanied by the following				
	d within 3 days in the event of changes:				
_					
·	rt Term Rental Application (all 6 pages)				
•	y residence – this can be satisfied by providing one of the following: valid driver's license or Sta				
	vehicle registration, military I.D, conceal carry permit, dependent's school registration. Mail does r	ot			
•	of residency. City Staff reserves the right to ask for additional proof of residency upon request.				
•	ee. The fee shall be paid via credit card or electronic check at the link provide				
	ne.egov.com/apps/co/cospringsshorttermrentals. Payment will not be accepted over the phone	or			
in-person. Signed Short Te	orm Pontal Affidavit				
•	erm Rental Affidavit : \$500,000 in liability insurance (Proof can be provided by hosting platform contract acknowledgii	na			
	rage through the platform i.e. AirBnb/VRBO, policy information, or other documentation)	ıg			
	Community Development Department may require additional information for this application	26			
needed.	Community Development Department may require additional information for this application	as			
needed.					
If you are listing two (2	2) separate units on a property (e.g. unit in your back yard, and a room within your house)				
	reparate permit applications and will need to pay two (2) separate permit fees.				
y o a	oparato pormit approationo ana imi noca to pay tiro (2) coparato pormit rocci				
In the permitting of the s	short term rental permit, the Manager, Planning Commission or City Council shall have authority	to			
	conditions as necessary to protect the public health, safety and general welfare and to ensure the	ıat			
the use, value and qualit	ties of the neighborhood surrounding the proposed location will not be adversely affected.				
PROPERTY OWNER	INFORMATION				
	Telephone:				
	Rental:Zip Code:	_			
Email:		_			
Property Owner Primary	Address:	_			
CHECK VII TH	HAT APPLY (SELECT A MINIMUM OF THREE):				
·					
	ary residence (Occupied by owner not less than 185 days per year)				
	☐ I do not live at this property. My Primary address is listed above. (Occupied by owner less than 185 days per				
year)	during a majority of the rental period (I will be living as the present)				
☐ I will be present during a majority of the rental period (I will be living on the property)					
•	sent during a majority of the rental period (I will be living on a different property / traveling) accessory dwelling unit. (e.g. converted garage, mother-in-law suite, cottage)				
•	whole house/unit.				
. a ronding the					

☐ I am renting a room within the house. (If renting multiple rooms to separate renters/groups, you must be in a

zone that allows for multiple units)

APPLICANT CONTACT INFORMATION:

Compl	lete this section if the applicant is	not the property owner.	
Name:			Telephone:
E-mail	:		
0			IITTAL & CORRESPONDENCE
Compi	lete this section if the applicant is	<u>not</u> tne property owner.	
	oy authorizecessing.		_to file this application to the City of Colorado Springs
Signat	ture of Property Owner		Date
	LOCAL EMERGENCY CON	TACT:	
week a		ergency on the property wi	ring person must be available 24 hours a day 7 days a thin one (1) hour (pursuant to City Code Section
REQU	IRED CONTACT:		
Primar	y Emergency Contact Name:		Telephone:
Secon	dary Telephone:		
			City
State:	Zip Code:	E-mail:	
		nd within one (1) hour to this	24 hour emergency contact for this Short Term Renta property in case of an emergency. I also acknowledge
Signat	ture of Primary Local Emergen	cy Contact	Date

RECOMMENDED SECONDARY CONTACT:

Secondary	Emergency Contact Name:		Telephone:
Secondary	Telephone:		
			City
State:	Zip Code:	E-mail:	
prope	rty and am able to respond wi t	thin one (1) hour to this	4 hour emergency contact for this Short Term Rental property in case of an emergency. I also acknowledge NUMBER SHOULD DIFFER FROM THE PRIMARY'S
Signature	of Secondary Local Emerge	ncy Contact	Date
PERMIT S	STANDARDS AND REVIEW	W CRITERIA	
the follow		are met. Owner to initi	e an application for a Short Term Rental permit if ial on the line next to the following statements
Sle	eeping guarters for short term	tenants shall not be in no	on-residential areas within buildings or accessory
	structures (e.g. shed, g	garage, etc.) that do no	outdoors (e.g. tent, etc.); or in a recreational vehicle.
Lir	mit one short-term rental unit v	within each lawful dwelling	g unit located on a property, up to a maximum of
	four (4) short term rental	units per property; or in the	ne event of condominiums or buildings held in similar
	·		o two (2) short term rental units per property. Entities le owner for the purpose of evaluating ownership of
A	sales tax license shall be obta	nined from the City's sales	tax office.
	(A sales tax license is n e	•	rental is posted only on AirBnB or VRBO. The City
Th	ne owner must maintain weekl	y residential trash collecti	on services. Outdoor trash bins must be screened
	from public view or kept i	inside of a structure or ga	ırage.
Th	ne owner shall maintain and pr	ovide proof of property lia	ability insurance in the amount of not less than
	•		overage in an equal or higher amount is provided by
	any and all hosting platfo	rms through which the ow	ner will rent the short term rental unit. Proof of liability
			vations are handled exclusively by hosting platforms
	(websites) that extend li Manager.	iability coverage of not	less than \$500,000 under terms acceptable to the

Short term rental units must remain compliant with all planning, zoning, building and other City codes. If a
dwelling unit (apartment/suite) is located within an apartment building then the entire property (including other dwelling units) must be compliant and not subject to Code Enforcement.
All short-term rental tenants shall abide by all applicable noise, housing and public health ordinances of the City and with all other City fire and safety ordinances.
Parking in private driveways shall be utilized first with overflow parking on the street where permitted. Parking on-site in non-driveway areas (i.e. front yard areas, parkways and rear-yards) is prohibited.
No meals shall be prepared for or served to the renter by the owner or the owner's agents.
Use of the short-term rental home for any commercial or large social events or gatherings, such as weddings, is prohibited.
The City issued permit with all local contact information and emergency safety information shall be prominently displayed within the short term rental unit.
The City issued permit number shall be used in all rental marketing materials.
The occupancy regulations are met pursuant to Section 7.5.1706(H) and are reflected in all marketing materials. (Limit two occupants per bedroom, plus an additional two occupants, maximum of 15 occupants).
GENERAL INFORMATION ACKNOWLEDGED
Tenants will be provided a parking diagram or verbal description verifying the location of all parking space available for the short term rental and the diagram will be posted in a prominent location within the short term rental. The designated parking spaces will be available for use by short-term rental tenants.
Operation of the short term rental will comply with Good Neighbor Guidelines; the Good Neighbor Guidelines wi be provided to tenants in the rental agreement and by posting it in a prominent location within the r.
The approved permit for the STR will be posted in the interior of the dwelling adjacent to the front door.
I (we) have read and understand Colorado Springs Municipal Code regulating Short Term Rental Units (Title 17 Chapter 7)
I have checked with my HOA or Neighborhood Association regulations and have ensured that a Short Term Renta is allowed in the area.
EXTERIOR SAFETY
House number visible from the street.
All deck and stair rails and guards are attached and capable of supporting imposed loads.
All exits unobstructed and clear and maintained that way at all times.
Window wells serving basement sleeping rooms be provided with escape ladders and operable windows so as to allow for secondary egress from the room in the event of a fire. (2015 IFC 1030.1)

INTERIOR SAFETY ABC 2.5 lb. fire extinguisher in plain view within 6 feet of the oven/stove if gas appliances are installed and must be certified annually. Smoke alarm should be installed and maintained in each sleeping room and immediately outside each sleeping room such as in a corridor, hallway or great room serving the individual sleeping rooms. (2015 IFC 907.2.11.2) Carbon monoxide detector installed and maintained within 15 feet of sleeping rooms. Stairs are free of tripping hazards. Hallways unobstructed and clear and maintained that way at all times. At least one working bathroom with water closet, lavatory, and shower or bathtub. Bathroom and kitchen electrical outlets should be GFI protected. (IBC) All occupied rooms have working electrical outlets and lighting fixtures without extension cords. Extension cords are not used as permanent wiring. (2015 IFC 605.5) Exposed wiring, etc. shall be eliminated. (2015 IFC 605.1) Check completed for general fire hazards: exposed wiring, presence of extension cords on appliances, clean dryer ducts, etc. Heating and water heating system maintained and operational. Building permits and final approvals have been received for remodeling work. OWNER/APPLICANT REVIEW: Date Application Submitted: Any other STR permits on this property? YES NO Insurance: HOSTING SITE or Company: Policy # Parcel Tax Schedule Number: _____ Current Zoning: _____ Number of Bedrooms: _____ Maximum Occupancy _____(two people per bedroom plus two, maximum 15)

ADDITIONAL SHORT TERM RENTAL INFORMATION:

FORMAL REVIEW TIME PERIOD

- Applications are to be submitted via email to <u>ShortTermRentals@coloradosprings.gov</u> with the application and all
 required documentation in one .pdf document. Applications will be reviewed within three (3) business days.
- Payment is ONLY accepted via the online payment portal. Payment will not be accepted over the phone or inperson. Payment can be made at https://appengine.egov.com/apps/co/cospringsshorttermrentals.

RENEWALS

• The Short Term Rental unit permit is valid for one (1) year from the date of issuance. The permit may be renewed for additional one (1) year periods upon receiving a renewal application and the \$119 permit fee. You will receive a reminder email approximately thirty (30) days prior to your permit expiration with instructions on how to renew your permit. Permit renewals are completed via email only.

PERMIT REQUIREMENTS

• The permit does not run with the property but is issued to the specific owner. The permit shall not be transferred or assigned to another individual, person, entity, or address. The permit does not authorize any person, other than the person named therein, to operate a short-term rental home on the property.

***This includes the transfer from an individual to a single member LLC or the transfer from one LLC to another LLC.

PUBLIC NOTIFICATION

 Staff recommends notifying adjacent neighbors if you are operating a short term rental to provide them with the Good Neighbor Guidelines and emergency contact information. Sample notification template is available on the Colorado Springs website.

OWNER / APPLICANT ACKNOWLEDGEMENT OF RESPONSIBILITIES:

The signature(s) below certifies that the information provided on this form is in all respects true and accurate to the best of my (our) knowledge and belief. I agree that I have read a copy of the Zoning Ordinance requirements concerning Short Term Rentals, understand the described regulations and agree to abide by them. I also understand that should the Short Term Rental become a nuisance, hazard or unreasonably interfere with the quiet enjoyment of other people's premises, in accordance with 7.5.1707, that this Short Term Rental Permit will be revoked by the City of Colorado Springs. I (we)understand that providing false information in this application shall be a violation of the City of Colorado Springs Municipal Code, and shall be grounds to deny the application, void the approval, and revoke a Short Term Rental unit permit issued for the property. I hereby certify under penalty of perjury pursuant to the laws of the State of Colorado that the above items have been checked and were found to be in good working order.

Signature of Property Owner	Date	
Signature of Applicant (if applicable)	Date	
Staff Signature	Date	